

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000000843 1. Entity Name ATHENS PAPER COMPANY, INC.	
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Principal Place of Business 1898 ELM TREE DR. NASHVILLE, TN 37210	Mailing Address 1898 ELM TREE DR. NASHVILLE, TN 37210
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DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 62-0790238	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

(Signature, Typed or Printed Name of registered agent, and title if applicable) (NOTE: Registered Agent Signature and name required when re-registering)

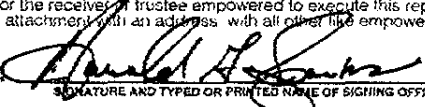
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing (Trust Fund Contribution) ☐ \$5.00 May Be Added to Fees	U00000121772 04/21/04 80002-013 150.00
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10. OFFICERS AND DIRECTORS

CTO JENKINS JR, W D 1898 ELM TREET DRIVE NASHVILLE, TN
SD CHAMBERLAIN, MILTON H 1898 ELM TREET DRIVE NASHVILLE, TN
P KELLY, TERENCE 1898 ELM TREET DRIVE NASHVILLE, TN
AT SCHRIMSHER, BRENDA 1898 ELM TREET DRIVE NASHVILLE, TN
T SPARKS, HAROLD 1898 ELM TREE DRIVE NASHVILLE, TN 37210

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other the empowered.

SIGNATURE  4/15/04 (615) 889-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR